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WITNESS NOTIFICATION PROGRAM 98599-5130 45130

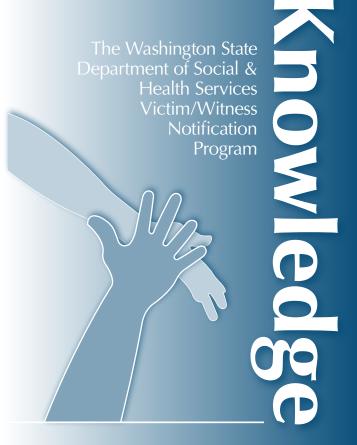
**POWER** 

**KNOWLEDGE IS** 

# **Eligible Offenses for Victim/Witness Notification**

- All Class A Felonies
- Arson 1st and 2nd Degree
- Assault 1st and 2nd Degree
- Assault of a Child 1st and 2nd Degree
- Bailjumping (charged or adjudicated of Murder 1st Degree)
- Burglary 1st Degree
- Child Molestation 1st, 2nd and 3rd Degree
- Criminal Attempt, Solicitation or Conspiracy to Commit a Class A Felony or Sex Offense
- Communication with Minor for Immoral Purposes (if second sex offense)
- Dealing in Depiction of a Minor Engaged in Sexually **Explicit Conduct**
- Extortion 1st Degree
- Felony Stalking
- Homicide by Abuse
- Incest 1st and 2nd Degree
- Indecent Exposure (if second sex offense)
- Indecent Liberties (Forcible/non-Forcible)
- Kidnapping 1st and 2nd Degree
- Manslaughter 1st and 2nd Degree
- Murder 1st and 2nd Degree
- Patronizing Juvenile Prostitute
- Rape 1st, 2nd and 3rd Degree
- Rape of Child 1st, 2nd and 3rd Degree
- Robbery 1st and 2nd Degree
- Sending or Bringing into State Depiction of Minor **Engaged in Sexually Explicit Conduct**
- Sexual Exploitation of a Minor
- Sexual Misconduct with a Minor in the 1st and 2nd Degree
- Sexually Violating Human Remains
- Statutory Rape 1st, 2nd and 3rd Degree
- Telephone Harassment (felony)
- Unlawful Imprisonment
- Vehicular Assault
- Vehicular Homicide
- Voyeurism

NOTE: Any person specified in writing by the Prosecuting Attorney is eligible to enroll



Assisting victims and witnesses of sexual assault or violent crimes and tracking the location of the person who victimized them





**State of Washington Department of Social & Health Services** 

### **Victim/Witness Notification Program**

#### What is the Victim/Witness Notification Program?

The Department of Social and Health Services has a program to notify victims and witnesses when the persons who committed crimes against them are released, transferred, or escape from any DSHS facility.

Victim/Witness Notification is a confidential program. The person who victimized you will not know you are being notified and will not have access to your address or telephone number.

#### How do I qualify for the Victim/Witness Notification **Program?**

To qualify for the Victim/Witness Notification Program, you must be a victim, next of kin, or the parent/guardian of a minor victim of a violent or sex offense. You may also qualify if you have served as a crime witness in a court proceeding or if the prosecutor's office has requested your enrollment.

#### How do I enroll in the Victim/Witness Notification **Program?**

To enroll in the Victim/Witness Notification Program, complete the online enrollment form located on our web page: www.DSHS.wa.gov/VWN. This form is also available from your County Prosecutor's Office or by contacting us in one of the following ways:

#### **CALL TOLL FREE:**

1-800-422-1536 or 360-902-7832 E-Mail: vwn@dshs.wa.gov

#### **SEND REQUEST TO:**

Department of Social and Health Services Victim/Witness Notification Program P.O. Box 45130 Olympia, Washington 98504-5130

After you enroll we will send you notices before a planned release or transfer to a less secure setting. We will also attempt to call you as soon as possible following an escape. We will notify you of scheduled court hearings regarding release decisions, when appropriate.

If you are concerned about an adult offender in a prison, you may be eligible for a similar program in the Department of Corrections. For more information, contact DOC Victim Services Program at 1-800-322-2201.



DO NOT STAPLE. SEAL ENDS WITH TAPE.

TEAR HERE. FOLD TO SEAL.

DO NOT STAPLE. SEAL ENDS WITH TAPE.

## **Registration Information**





Please Print - Use Pen

Please indicate agency/court of referral if applicable

Offender Information	Enrollee Information
Name of Person Who Committed the Offense (Last, First, Middle)	Your Name
Sentence Date (if known)	*Date of Birth
Case Number (if known)	Street or Mailing Address Check box only if new address
County of Conviction	City
Offense	State Zip
Juvenile Offender Adult Offender	Home Telephone
Detailed Information Regarding the Crime	Work Telephone
	Message Telephone
	Your role in this case (check one):
	Victim □ Next of Kin to Victim   □ Witness □ Guardian of Minor Victim
	Other (Specify)
* Information about your age, gender and	Signature
race is voluntary and will be used for statistical purposes only.	Date